

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 101593,408
FILING DATE
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|--|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | | | | | | |
| 2 | | 1 | | | | | | | | | | | |
| 3 | | 1 | | | | | | | | | | | |
| 4 | | 2 | | | | | | | | | | | |
| 5 | | ① | | | | | | | | | | | |
| 6 | | 1 | | | | | | | | | | | |
| 7 | | 2 | | | | | | | | | | | |
| 8 | | ① | | | | | | | | | | | |
| 9 | | ① | | | | | | | | | | | |
| 10 | | 2 | | | | | | | | | | | |
| 11 | | ① | | | | | | | | | | | |
| 12 | | ① | | | | | | | | | | | |
| 13 | 1 | | | | | | | | | | | | |
| 14 | 1 | | | | | | | | | | | | |
| 15 | 1 | | | | | | | | | | | | |
| 16 | 1 | | | | | | | | | | | | |
| 17 | 1 | | | | | | | | | | | | |
| 18 | 1 | | | | | | | | | | | | |
| 19 | 1 | | | | | | | | | | | | |
| 20 | 1 | | | | | | | | | | | | |
| 21 | 1 | | | | | | | | | | | | |
| 22 | 1 | | | | | | | | | | | | |
| 23 | 1 | | | | | | | | | | | | |
| 24 | 1 | | | | | | | | | | | | |
| 25 | 1 | | | | | | | | | | | | |
| 26 | 1 | | | | | | | | | | | | |
| 27 | 1 | | | | | | | | | | | | |
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| TOTAL IND. | 1 | ↓ | | | ↓ | | | ↓ | | | | | |
| TOTAL DEP. | 14 | ← | ← | ← | | | | | | | | | |
| TOTAL CLAIMS | 15 | | | | | | | | | | | | |